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Telephone: (352) 375-8100

Facsimile: (352) 372-5800

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SUBJECT/MESSAGE:

Revocation of Power of Attorney and Change of Correspondence Address

Attorney Docket No.:	WIO-100X
Application No.	10/790,993
Filing Date	March 1, 2004
Applicants	Rick Ost, Duane Sibley
Art Unit	3652

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PTO/SB/82 (04-05)

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REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/790,993
Filing Date	March 1, 2004
First Named Inventor	Rick Ost
Art Unit	3652
Examiner Name	
Attorney Docket Number	WIO-100X

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

46271

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

46271

OR

<input type="checkbox"/> Firm or Individual Name	Jean Kyle P.C.				
Address	320 N. 1st Street Suite 500 P.O. Box 2274				
City	Hamilton	State	Montana	Zip	59840-4274
Country	UNITED STATES				
Telephone	406-375-1317	Email	jekyle@montana.com		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Rick T. Ost		
Name	Rick Ost		
Date	3-1-06	Telephone	(406) 746-3325

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS

Application Number 10/790,993

Filing Date March 1, 2004

First Named Inventor Rick Ost

Art Unit 3652

Examiner Name

Attorney Docket Number WIO-100X

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ I hereby appoint the practitioners associated with the Customer Number:

46271

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

46271

OR

<input type="checkbox"/> Firm or Individual Name	Jean Kyle P.C.				
Address	320 N 1st Street Suite J P.O. Box 2274				
City	Hamilton	State	Montana	Zip	59845-4274
Country	United States				
Telephone	406-375-1317	Email	Jkyle@montana.com		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Duane Sibley</i>		
Name	Duane Sibley		
Date	3-1-06	Telephone	(406) 746-3325

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